

STATEMENT OF JUNE P. POE
PAST PRESIDENT, NAMI OF ROANOKE VALLEY (VIRGINIA)
ON BEHALF OF THE NATIONAL ALLIANCE FOR THE MENTALLY ILL
(NAMI)

REGARDING
S. 1194, “THE MENTALLY ILL OFFENDER TREATMENT AND CRIME
REDUCTION ACT OF 2003”

BEFORE THE HOUSE JUDICIARY COMMITTEE, SUBCOMMITTEE ON
CRIME

JUNE 22, 2004

Thank you, Chairman Coble, Representative Scott and other distinguished members of the Committee for this opportunity to speak to you on the importance of S.1994, a bill that would foster collaborations to ensure that resources are effectively and efficiently used to develop alternatives to incarceration for individuals with mental illnesses charged with non-violent crimes.

I am June P. Poe from Roanoke, Virginia, a widow with 5 children, one of whom suffers from severe mental illness. I have worked in the field of psychiatry as a Licensed Clinical Social Worker and my husband was a physician. My family has experienced the heartbreaking lack of vital services needed to help prevent unnecessary contacts of people with mental illnesses with the criminal justice system. My husband, until his death in 1994, and I have continued to fight for my son, John, and many others who fall between the cracks.

I am pleased to be here today to testify on behalf of NAMI (the National Alliance for the Mentally Ill). At the outset, I would also like to recognize the support of the Campaign for Mental Health Reform for S. 1194. It is very important to note that the mental health community as a whole stands behind this bill.

You will hear from the other distinguished witnesses how critical the problems are and what is needed to alleviate them. My son John and I want to put a human face on this bill. John has given me permission to tell this story. This is our story but we are not alone. I am speaking for many many families who have similar stories. In most cases, these stories would have been far happier had the services envisioned in S. 1194 been available to people like my son.

In 1974, John, a member of the High School National Honor Society, former Captain of his High School Track team (voted most valuable member of that team), artist, and a brilliant freshman at Wake Forest University suffered his first psychotic break. He was diagnosed with paranoid schizophrenia. For the next 12 years he struggled courageously to try to continue his education, and employment as he dealt with the pain of his chronic severe mental illness. He was hospitalized nine times and received some community mental health services but these services were not adequate to keep him stabilized. He struggled with the side effects of the old medications. In those days (1970s and 1980s) psychiatric treatment and services for people with severe mental illnesses were still in the dark ages. Our family has continued to give him love and support through it all.

In 1987 unfortunately he stopped taking his medications and we finally had to call the police because we did not feel safe due to behaviors that were the product of his deteriorating psychiatric state. He was eventually arrested and jailed for breaking and entering our home at 5:30 AM and destroying property. John said "I just wanted to get some sleep." The Commonwealth's attorney recommended a felony charge, explaining that this was the only way to get John treatment. My husband and I were very well educated about medicine and the mental health system. We had sought help from every possible source - judges, lawyers, and many mental health programs and mental health professionals. John had to suffer the horrible experience of being locked up in a jail and

treated as a criminal. We suffered the painful agony and grief of visiting our son in jail. He was becoming sicker without medication and treatment. The Commonwealth's attorney and his assistant and even our own attorney (my cousin) did not know what to do.

The darkest day in my memory was that day in court when I realized that the court did not have the ability to provide him the help he desperately needed. We had been advised that pleading guilty to a felony was the only way to get John treatment. In actuality, a felony conviction was the worst thing that could have happened to him. The judge sent him back to jail, with no treatment whatsoever, other than an admonition to take his medication. When the judge told my son to take his medication, he was not able to comply because of his mental illness. When John was psychotic he did not know he was sick.¹

The horrendous manner in which my son's case was handled demonstrates the profound need for education and cross training of criminal justice and mental health personnel. Most of the individuals involved in my son's case at the time had no knowledge about schizophrenia, its symptoms, and its treatments. And there was no system in place for coordinating services between criminal justice and mental health. I am very gratified that S. 1194 will allow communities to use available funds to provide the training necessary to ensure that those responding to individuals like my son in the future will be better prepared to do so in a humane and effective way.

The story gets worse. While in jail, John's condition continued to deteriorate. For the next 3 years my son and the rest of our family went through hell. After his release from jail, the mental health professionals could not make him take or stay on his medications. The services he needed to recover, such as assertive community treatment, were not available.²

We had to call the police again. Having to call the police about your own child, and then visiting him in jail is an agony that I pray no one in this room will ever have to endure. Research proves that people with severe mental illnesses get sicker when they do not get necessary medical treatment. We saw our son get sicker and could do nothing to help him. His incarcerations only made his psychiatric symptoms worse.

Finally, in 1990, a gifted probation officer who is also a gifted mental health professional, helped my son get released from jail and begin his tortuous journey back to recovery. This is not to say that the road was smooth. John was hospitalized on several occasions and even attempted to commit suicide. Schizophrenia is a disease known to be episodic in nature. Throughout the 1990's, John had periods when he did quite well, and periods when he was very ill and symptomatic.

¹ Amador, Xavier, "I'm Not Sick, I Don't Need Help", Vida Press, revised 2004.

² Assertive community treatment programs are characterized by intensive, outreach-oriented services, available on a 24 hour, seven day a week basis, for people with severe and persistent mental illnesses who are at risk of hospitalizations. These programs have proven effectiveness in reducing involvement with criminal justice systems, homelessness and other adverse consequences of lack of treatment.

In 2001 John again became psychotic when he stopped taking his medication. He had a paranoid delusion that neighbors were harming their dogs so he opened the gate and let them "escape from being hurt by their owners". After he had done this the third time the neighbors called the police and brought charges to have him arrested. This time his Assertive Community Treatment (PACT) team intervened and prevented his arrest and incarceration. With this excellent intensive community care he is now back on medication, has an understanding of his illness and need for medication and is stabilized. He has received excellent acute care at Catawba Hospital (our regional state psychiatric hospital) and excellent services through Blue Ridge Behavioral HealthCare (our regional community mental health services). I am grateful that mental health care is now available to prevent a repeat of the horror of those 3 years when he was in jail. Unfortunately, these high quality mental health services and supports are not available to most people.

I am excited that the purpose of S. 1194 is to "foster local collaborations" which will ensure that resources are effectively and efficiently used to reduce the unnecessary incarceration of non-violent offenders with mental illnesses. In the Roanoke Valley, we have numerous examples of such collaborations. For example, in 2001, under the leadership of Police Chief Ray Lavender of Roanoke County, the County established a police Crisis Intervention Team (CIT) program, the first of its kind in the Commonwealth of Virginia. The Mental Health Association of Roanoke Valley and NAMI- Roanoke Valley worked closely with Chief Lavender in creating this important new program.

In 2002, I, representing NAMI-Roanoke Valley, helped to establish a Task Force to better address the needs of people with mental illnesses who come into contact with the criminal justice system in the Valley. Its mission is to "identify those issues inhibiting the effective delivery of services for offender populations with a mental illness and encourage the development and implementation of a continuum of community based care for persons with mental illness that will reduce the prevalence and incidence of offenders with mental illness within the criminal justice system." The Task Force members represent state and federal criminal justice professionals, (judges and probation officers in the 23 Judicial Circuit and District Courts and US Federal Court) public mental health professionals (the Medical Director of Catawba Hospital, Blue Ridge Behavioral Health staff) and advocates (NAMI-Roanoke Valley and the Mental Health Association of Roanoke Valley).

Despite the severe cutbacks in mental health agencies and facilities and criminal justice systems due to the state budget crisis, this Task Force, in just its first year accomplished the following:

- Established communication between the professionals (including judges) in the criminal justice system, mental health agencies, and advocates, which previously did not exist because they did not have a forum to communicate with each other;

- Identified 11 issues and challenges inhibiting the effective and efficient treatment of offenders who have mental illness within the Roanoke Valley;
- Assessed current capabilities of mental health agencies and facilities and criminal justice systems to effectively respond to offenders who have mental illness and avoid re-hospitalizations and re-incarcerations;
- Achieved some non-cost approaches to improve the efficiency and effectiveness in responding to the needs of this population;
- Developed coordination of services between jails, mental health community agencies and hospitals;
- Eliminated duplication of services in the transition of services from jail to community; and
- Provided training this past Spring, 2004, to more than 60 attorneys, judges and probation officers about mental health issues and treatment resources.

In the Roanoke Valley we are well down the path of developing more humane and cost-effective responses to individuals with mental illnesses who, due to non-violent offenses, come into contact with criminal justice systems. The only thing lacking are resources to implement our ideas. S. 1194, if enacted, will provide communities like ours with opportunities to implement services to break the endless cycle of deterioration and arrests for people like my son, who are not criminals but desperately need treatment!

In conclusion, I strongly urge passage of S. 1194, a bill that will greatly benefit both people with serious mental illnesses and entire communities. Jail diversion programs and community reentry services, coupled with comprehensive community mental health treatment such as PACT, are less expensive than a criminal justice system without treatment. The benefits are obvious. Today, my son, instead of being incarcerated as a criminal, is living independently in the community, volunteering weekly in the psychosocial rehabilitation program at Catawba Hospital, participating actively in treatment, and is well along the road to recovery. And, I once again feel safe, as do others in my family and community.

In 1974, John, a brilliant young freshman at Wake Forest University suffered a biologically based brain disorder. In 1987, he was "cast away" by the criminal justice system. Now, John is truly a courageous survivor. He wrote the following statement urging the passage of S. 1194. He asked me to read it to you.

(Written statement of John Poe, read by June P. Poe).

Thank you for this opportunity to testify why I support S. 1994.

I am John Poe, June Poe's son. I am mentally ill and have been sent to jail for two misdemeanors and one felony, non-violent and non-drug abuse crimes. If the mental health court and PACT had been in effect at that time it would have made my life more comfortable. Jail is a very bad place for people with mental illness. People with mental illness cannot get proper treatment in jail.

I urge you to vote for this Bill.

(signed: John Poe)

Thank you for giving me the opportunity to testify before you today.